

Report To:	Governing Body Meetings in Common
Report Title:	Chief Officer's Report
Report From:	Andrea Green, Chief Officer
Date:	12 September 2018
Previously Considered by:	Not applicable

Action Required (<i>delete as appropriate</i>)							
Decision:		Assurance:		Information:	✓	Confidential	

Purpose of the Report:
The purpose of this report is to provide members of the Governing Bodies with information on key activities undertaken by the Chief Officer since the last Governing Body meeting in common in July 2018, and any pertinent issues not covered elsewhere on the agenda.

Key Points:
The Chief Officer's Report covers the following: <ol style="list-style-type: none"> 1. Collaborative Commissioning Board update 2. Strategic Commissioning Joint Committee, revised Terms of Reference for decision 3. Place Forum, Alliance Concordat, updated Health and Care Design & Four "Places" agreed 4. Integrated Care System Development Programme – draft route map 5. Stroke Improvement Programme – West Midlands Clinical Senate review 25th July 2018 6. NHSE 2017/18 Assurance Ratings 7. National Variation Proposal for Delegation Agreements(general medical services) to ensure compliance with General Data Protection Regulation (GDPR) 8. CCG Stars

Recommendation:
The Governing Body is requested to NOTE the report.

Implications		
Objective(s) / Plans supported by this report:	Constitution, Leadership IAF Domain	
Conflicts of Interest:	None identified.	
Financial:	Non-Recurrent Expenditure:	Not applicable.

	Recurrent Expenditure:	Not applicable.					
	Is this expenditure included within the CCG's Financial Plan? (Delete as appropriate)	Yes		No		N/A	✓
Performance:	None identified.						
Quality and Safety:	None identified.						
Equality and Diversity:	General Statement: The CCG is committed to fulfil its obligations under the Equality Act 2010, and to ensure services commissioned by the CCG are non-discriminatory on the grounds of any protected characteristics. Policies/decisions may need to be adjusted in line with any equality analysis or due regard. Any decision that is finalised without being influenced by appropriate due regard could be deemed unlawful.						
	Has an equality impact assessment been undertaken? (Delete as appropriate)	Yes (attached)		No		N/A	✓
Patient and Public Engagement:	None identified.						
Clinical Engagement:	None identified.						
Risk and Assurance:	None identified.						

1. Collaborative Commissioning Board (CCB) update

The CCB met in July and reviewed progress of IBCF, updates from the Children's and Adult's Joint Commissioning Board's, and considered how we might better align and integrate our strategic planning across Coventry and Warwickshire to fully integrate the refreshed Health and Wellbeing Strategies and area JSNA's as they are completed.

We received an update on the progress of the first phase of information gathering to define the scope, draft desirable criteria and draft outcomes framework for our engagement on maternal, children's and young people's health. The work is building on the work that both Coventry and Warwickshire Local Authorities have completed recently on improving children and young people's services.

2. Strategic Commissioning Joint Committee – revised draft terms of reference

The 3 CCGs established a Strategic Commissioning Joint Committee (SCJC) in July 2017, with the aim of creating a governance mechanism to support joint commissioning decisions relating to Coventry and Warwickshire as a whole. The Committee was an evolution of the Coventry and Warwickshire CCG's Federation, and the proposals set out in *Developing Collaborative Commissioning arrangements in Coventry and Warwickshire and Care Economy*, approved by the Governing Bodies earlier.

As part of our evolution towards an Integrated Care System and our agreed ambition for the development of a single strategic commissioning function by April 2019, we wish to amend the terms of reference for the SCJC and attach a draft with track changes for review and decision by each Governing Body.

3. Coventry and Warwickshire Place Forum, Revised Concordat, Place Design and definition of 4 Places.

The Coventry and Warwickshire Place Forum met on the 16th July, and agreed a revised Health Alliance Concordat and a proposition from the system executives, that our future Integrated Care System will have four Places at which we will create Integrated Care Partnerships. The four Places are Coventry, Rugby Warwickshire North and South Warwickshire. A copy of the Concordat and our updated Health and Wellbeing Design is attached for Members information.

4. Integrated Care System Development – draft route map

During July and August, the 3 CCG's, NHS Providers and Local Authority officers participated in the development programme facilitated by NHSE, an output of which is a draft route map for local evolution of the system architecture for a future Integrated Care System.

An initial report was presented to NHSE and NHSI on the 24th August, this included six work streams and an approximate 18 month timeline to evolve the System Governance; Strategic Commissioning; Provider Alliances; Care Redesign; Enabling (e.g Estates; IT); Financial systems, which would be subject to a readiness assessment by NHS England. Each organisation will review the programme outputs and specifically the elements affecting them, before a final route map can be confirmed.

5. Stroke Improvement Programme

Programme leads participated in a next stage NHS England Assurance Panel on 25th May, the Panel was impressed by the progress that the programme had made since the strategic sense check in May 2017, they assessed that the Programme had partially met the requirements but further work and evidence was required on each prior to being ready for consultation. The key factors they require further evidence of being,

- Workforce planning, the Panel asked for greater detail that includes plans for sustainability of the workforce proposals and more details on the overall impact on Providers,
- Further evidence of "stress-testing" the proposals for times of peak demand on hospitals. We provided evidence in the usual sensitivity analysis, but they asked for further evidence that demonstrates the proposals are workable at times of peak demand,
- Confirmation that the West Midlands Clinical Senate are satisfied that we have met the recommendations from their comprehensive review in 2016.

We are progressing action to address each of the above, and met with the West Midlands Clinical Senate to present progress against the recommendations in July. I am delighted to report that they have confirmed they were assured that the recommendations have been actioned, and that we had already made improvements in our * Sentinel Stroke National Audit (SSNAP) data and Speech and Language therapy. A copy of their letter is attached for Members information.

A date for the next NHSE Assurance Panel will be confirmed with NHS England shortly, we would like that to be in October, the main risk to this currently is that we may not be able to complete the first action to the level of granularity required in this timeframe.

Letter from Professor Williams West Midlands Clinical Senate meeting of 25 July 2018, attached.

We have arranged some public and patient events in each areas at the end of September, to share the recent work which has been focusing on some very detailed rehabilitation workforce modelling, in response to the 2017 engagement with the public, whereby people wanted to be feel confident that the workforce would be in place before making changes to any hospital services.

We have offered these events as opportunities to hear about the work that has been done so far as well as further opportunities to help to shape and influence the programme as it moves forward.

6. NHSE Assurance ratings for year 2017/18

The Assurance ratings were published in July after we met, NHS Coventry and Rugby were rated overall as Good, however NHS Warwickshire North was rated as Requires Improvement, we believe that the weighting attributed to the historic deficit was the main differentiator. A link to each letter can be found on the following link to Coventry and Rugby CCG [Click here](#) and Warwickshire North CCG [Click here](#)

7. National Variation Proposal for Delegation Agreements (general medical services) to ensure compliance with General Data Protection Regulation (GDPR)

NHS England has issued a National Variation Proposal for Delegation Agreements to ensure compliance with General Data Protection Regulation (GDPR). The updates to the agreement do not represent material changes so it is not anticipated that there will be further actions arising from this beyond the CCGs' current work to ensure compliance with GDPR.

The CCGs were previously compliant with the Data Protection Act and the GDPR builds on this. In September 2018 there will be an audit to assess both CCG's GDPR compliance, any gaps identified will be addressed in an action plan to ensure full compliance. The CCGs will submit evidence in March 2019 using the Data Security and Protection Toolkit to demonstrate compliance.

8. CCG Stars

As part of our celebrations of the NHS 70th year, we developed a programme for staff to nominate CCG Star's where they felt members of staff were actively demonstrating the new CCG values, core NHS values and going the extra mile as part of their daily jobs. I've had the pleasure of making 7 awards so far, and will be making another 2 shortly. Governing Body Members can find more details of the awards on the intranet and staff newsletter.

End of report

STRATEGIC COMMISSIONING JOINT COMMITTEE

NHS Coventry & Rugby CCG
NHS South Warwickshire CCG
NHS Warwickshire North CCG

~~June 2017~~
~~Draft~~
~~+2 August~~
~~2018~~

Strategic Commissioning Joint Committee

Terms of Reference

1. Introduction

The Coventry & Warwickshire Clinical Commissioning Groups work together as part of a sustainability and transformation partnership, known as the Better Health, Better Care, Better Value Board (BH/BC/BV Board) and in an ~~Intergrated Accountable~~ Care System (ICSACS) development programme. To this end, the CCGs have agreed to establish a Joint Committee to facilitate strategic commissioning decision making in relation to the BH/BC/BV Board and ICSACS programme.

2. Establishment

The CCGs have agreed to establish and constitute a Joint Committee with these terms of reference to be known as the *Coventry & Warwickshire Strategic Commissioning Joint Committee* (SCJC). The SCJC is comprised of representatives from each of the CCGs and its governance arrangements are set out in these terms of reference.

The SCJC will perform the functions delegated to it by the CCGs in relation to:

- Any healthcare service changes (either in hospital or out of hospital) proposed as part of the BH/BC/BV Board and/or the ACS programme;
- Functions relating to the review, delivery and/or holding to account of partners within and party to the Coventry & Warwickshire Health & Wellbeing Alliance Concordat;

These will be the primary aims of the SCJC where the three NHS commissioning bodies wish to make joint, binding decisions to ensure clarity, consistency and accountability for changes in the Coventry & Warwickshire health economy.

3. Governance

The SCJC is a Committee of the three CCG Governing Bodies and makes recommendations to the Governing Bodies for decision in public. The Committee will not be held in public.

Programmes of work relating to BH/BC/BV Board work streams will report via their Senior Responsible Officers, or commissioning lead where a commissioner officer is not the SRO, to the Committee.

4. Functions of the Joint Committee

- a) Agree and oversee programme plans and measures that will be used to underpin delivery of the ~~BH/BC/BV Board/ICSACS~~ programme implementation process. To include the agreement of a change management framework and a Collaborative Commissioning Arrangements Agreement, determining the basis of joint working between CCGs and other commissioning bodies;

- b) Approve and oversee a work programme relating to a), in the first instance to include the first BH/BC/BV Board work streams; Out of Hospital, Stroke and Cancer.
- c) Act as the decision making body; authorising subgroups to oversee and lead changes;
- d) Determine and issue guidance for the commissioning of single services, to include governance and financial framework arrangements;
- e) Review system / level performance;
- f) Make decisions as to a sequencing approach for the implementation of single service changes;
- g) Make decisions as to each single service's state of readiness for implementation at the relevant stages of change;
- h) Endorse outcome frameworks and clinical care models as recommended by BH/BC/BV Board or ICSACS and/or Coventry & Warwickshire Collaborative Commissioning Board (CWCCB) programme Senior Responsible Officers.
- i) Ensure appropriate public and patient involvement -engagement and compliance with public sector equality duties under the NHS act -for the purposes of implementation.
- j) Endorse and oversee the communications and engagement framework relating to decisions taken where agreed as appropriate.

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5. Membership

The Joint Committee will be chaired by a rotating CCG Chair.

The voting Members of the Joint Committee will comprise members from each of the CCGs as follows:

Coventry & Rugby CCG	Chair Lay Member (Joint) Accountable Officer* (Joint) Chief Finance Officer*
South Warwickshire CCG	Chair Lay Member Accountable Officer Chief Finance Officer
Warwickshire North CCG	Chair Lay Member (Joint) Accountable Officer* (Joint) Chief Finance Officer*
<i>*Joint posts for both CCGs.</i>	

6. Voting & Quoracy

- (a) Agreements will be by unanimous decision of the voting membership, which comprises the Members as identified in Table 1.

- (b) Other non-members, Attendees, may attend by invitation and prior agreement of the Members. These Attendees will not have voting rights.
- (c) The Committee is quorate when 2 Members (minimum) for each CCG are present, to include a minimum of one clinician Member present in the Committee.

7. Frequency

The Committee will meet quarterly. The Committee may be stood up or down by agreement of the three CCG Chairs. ~~The established CCG Federation will continue to meet bi-monthly.~~ This meeting when falling on the quarterly schedule of the SCJ Committee, will be replaced by the Committee.

End

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OUR VISION

We will do everything in our power to enable people across Coventry and Warwickshire to pursue happy, healthy lives and put people and communities at the heart of everything we do.

We will share responsibility to transform our services, improve health outcomes for people and be more efficient in the way we use our resources.

OUR PRINCIPLES

Prioritising prevention: We will tackle the causes of health-related problems to reduce the impact of ill-health on people's lives, their families and communities. We will seek to address the root causes of problems, listening to local people's priorities and acting on their concerns.

Strengthening communities: We will support strong and stable communities. We will listen to residents to understand what they want from the services we provide and encourage them to lead change themselves where possible.

Co-ordinating services: We will work together to design services which take account of the complexity of people's lives and their over-lapping health and social needs. We will focus on the best way to achieve good outcomes for people, reducing the number of interactions people have with our services and avoiding multiple interventions from different providers.

Sharing responsibility: We value the distinct contributions made by all the organisations that are part of this Concordat. We will maintain partnerships between the public sector, voluntary and community sector, local businesses and residents, recognising that we share a responsibility to transform the health and well-being of our communities. We will pool resources, budgets and accountabilities where it will improve services for the public.

WHAT THIS MEANS FOR RESIDENTS OF COVENTRY & WARWICKSHIRE

People living in Coventry and Warwickshire will be healthier, supported by services which emphasise the importance of preventing poor health.

Communities will become stronger, with local people developing their own support networks and having a role in planning the services they need.

Care for those in need will be delivered by teams of staff working seamlessly across different sectors, so that support can be provided as effectively and efficiently as possible.

OUR WAYS OF WORKING

Working in partnership we will:

1. Design systems which are easy for everyone to understand and use.
2. Agree a common set of outcomes to be delivered.
3. Streamline system governance to enable decisions to be taken at scale and pace.
4. Make evidence-based commissioning decisions focused on the best way to achieve good results.
5. Learn from others and from our own experiences.



To achieve this we will work in alliance with each other, operating with mutual respect and accountability. Signed on behalf of Coventry and Warwickshire's Health and Wellbeing Boards.

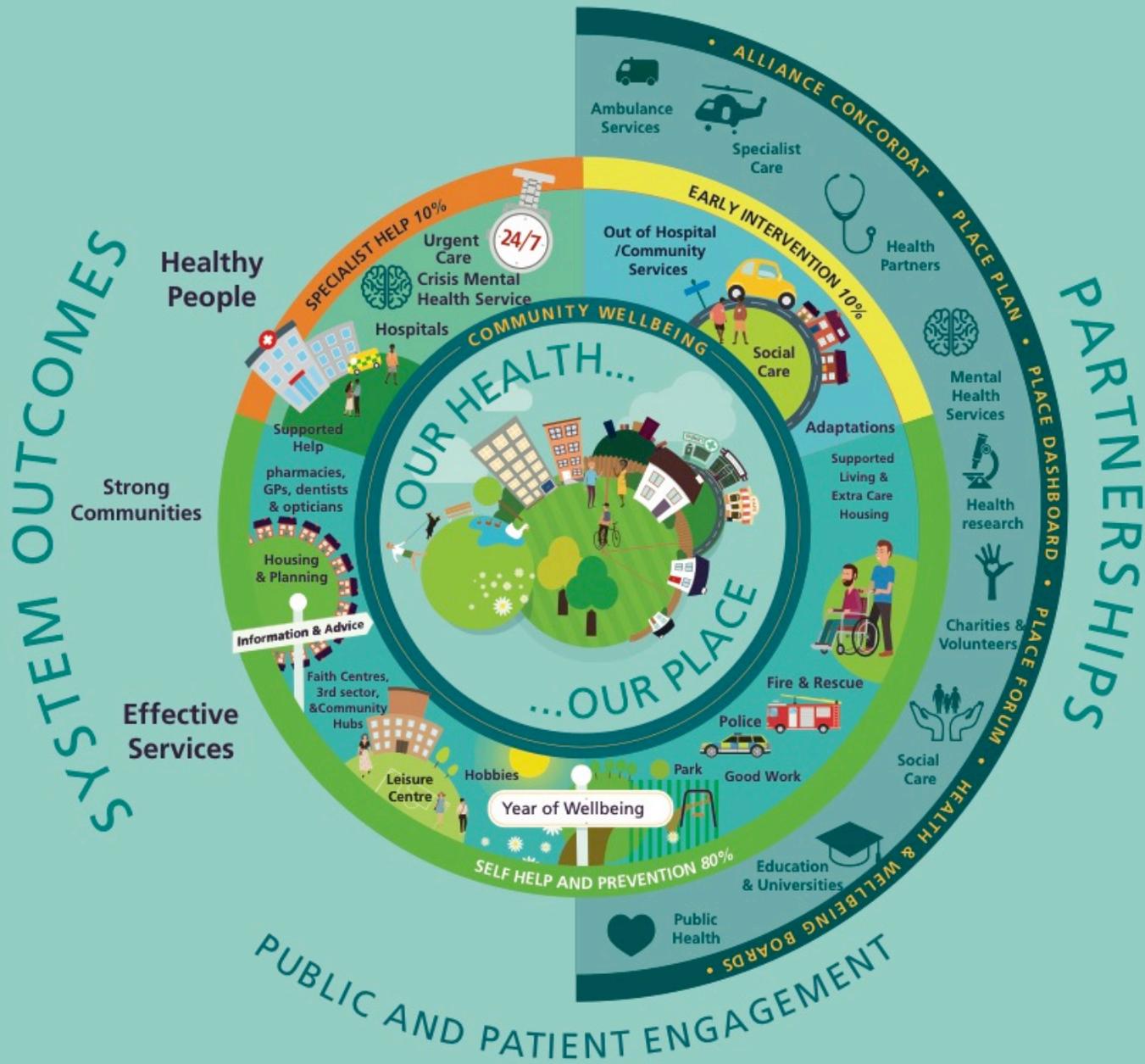
Cllr Izzi Seccombe

Chair of the Warwickshire Health & Wellbeing Board

Cllr Kamran

Chair of the Coventry Health & Wellbeing Board

COVENTRY & WARWICKSHIRE





West Midlands Clinical Senate

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Date: 6th August 2018

Dear Andrea

Re: Coventry and Warwickshire Stroke Update

Thank you for attending the Clinical Senate Council held a meeting on 25th July 2018 and presenting an update on the recommendations made in the Coventry and Warwickshire Stroke Service Reconfiguration Final Report May (2016).

The Clinical Senate Council formed the following opinion:

1. The Clinical Senate was assured by the presentation provided by the Coventry and Warwickshire programme team that recommendations identified in the senate review (May 2016) have been actioned.
2. Sufficient progress has been made and the senate recognises that there is more work to do.
3. The senate noted that there has been an increase in the staffing for SALT (speech and language therapy) and that the SNAAP data is good.
4. The senate agreed with the programme team's decision to go to NHSE Assurance Panel in October 2018 and then out to consultation with the general public.

Yours sincerely

Professor Adrian Williams
West Midlands Clinical Senate Chair